EXPERT/CONSULTANT APPOINTMENT CERTIFICATION		
NAME OF APPOINTEE (Last, First, Mi)		SOCIAL SECURITY NUMBER
APPOINTMENT AUTHORITY	POSITION NUMBER	RATE OF PAY (Salary; Basis)
In approving the filling of this Expert/Consulappointments in the competitive civil service, a classification and pay laws, I have consider decisions, and the instructions of the Office of P	nd in approving the rate of pared the applicable requireme	y set for this position without regard to the nts of law, relevant Comptroller General
More specifically, I have satisfied myself that:		
(a) this position is necessary;		
(b) as defined in FPM Chapter 304 and DA	O 202-304: (check one)	
 (1) this position is an "expert position", requiring a high degree of expertise not available from the regular work force; 		
 (2) this position is a "consultant position", requiring a high degree of expertise not available from the regular work force and of a purely advisory nature not involving the performance or supervision of operating functions; 		
(c) the work: (check one)		
☐ (1) is temporary (will not excee	d one year); or	
☐ (2) is intermittent (with no regu	lar tour of duty for service of no	o more than 130 days);
(d) this authority is the most appropriate ap	pointing authority for meeting t	he Department's needs;
(e) the proposed appointee meets the de 304, and does, in fact, possess the kin the Department seeks;		tant" in FPM Chapter 304 and DAO 202- vill permit him or her to render the services
(f) the rate of pay intended to be paid the performed and the appointee's qualification		mensurate with the level of the work to be
(g) required documentation is in order.		
Certifying Official:		
(Signature)		(Date)
(Title)		(Operating Unit)